

**STATE OF UTAH**

Utah State Tax Commission
210 North 1950 West
Salt Lake City, UT 84134

REFUND REQUEST**Self-Review – Vacation Rental Properties**

Your reply is due:

Monday, July 21, 2008

A**Name and Address:**

Please provide the following information.

Name: _____ Business Name: _____

Address: _____

City, State and Zip: _____

Day Phone Number: _____ Sales and Use Tax Account Number: _____

Federal ID / SSN: _____

B**Fee Types and Amounts:**

List the type of fee and the total amount of fee charged for each quarter listed below. Only list those fee amounts that were previously reported in the self-review as part of your gross receipts. If tax was collected from your customers on these fees, you are not eligible for a refund of these amounts. Remember to include documentation of the fee charged or your refund request will not be processed.

Period Ending	Type of Fee	Total Fee Charged
09/30/2004		\$
12/31/2004		
03/31/2005		
06/30/2005		
09/30/2005		
12/31/2005		
03/31/2006		
06/30/2006		
09/30/2006		
12/31/2006		
03/31/2007		
06/30/2007		

D**Signature and Date:**

Please sign and date below.

I certify that to the best of my knowledge the above information is true and accurate.

Signature and Title

Date

MASTER FILE

